

University of Florida
College of Public Health & Health Professions Syllabus
Course Number CLP 7934: Pediatric Psychology (3 credit hours)
Fall: 2017
Delivery Format: On-Campus

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Preferred Course Communications: E-mail or office phone

Prerequisites

Second year or higher graduate student in Clinical and Health Psychology

PURPOSE AND OUTCOME

Course Overview

The learning objectives for this class include: (1) Increasing students' knowledge in a broad range of pediatric/child health psychology topics; (2) Delineating the types of psychological services provided by pediatric psychologists; (3) Promoting a critical understanding of the pediatric psychology literature; (4) Understand the competencies expected of pediatric psychologists at different levels of professional development; (5) Fostering an awareness of the critical issues (both research and clinical) in the field of pediatric psychology; and (6) increasing awareness of research methods and design commonly utilized in pediatric psychology settings.

Relation to Program Outcomes

This course fulfills requirements for additional child/pediatric area of concentration courses (Department of Clinical and Health Psychology PhD program).

Instructional Methods

The course format will include didactics, class discussion, and student class presentations. Additional readings may be assigned throughout the semester. Students should come to each class prepared and ready to contribute to class discussion, as this class will focus heavily on interactive participation. Therefore, advanced preparation (reading articles, writing questions) and class participation of students is expected and essential. Attendance and active participation in class sessions is required.

DESCRIPTION OF COURSE CONTENT – WEEKLY TOPICS & READINGS

<p>Tues, Aug 22th</p>	<p>Week 1 - History of Pediatric Psychology</p> <ul style="list-style-type: none"> •HPP Chapter 1. Historical Developments and Trends in Pediatric Psychology, Aylward & Lee, pp. 3-13. •HPP Chapter 3. Professional Development, Roles and Practice Patterns. Buckloh & Schill, pp 26-38. •Drotar, D. (2014). Commentary: Historical Analysis in Pediatric Psychology: Gaining Access to Leading. <i>JPP</i> •Puente, A. E. (2011). Psychology as a health care profession. <i>American Psychologist</i>, 66(8), 781-792. <p>Legal & Ethical Issues in Pediatric Psychology</p> <ul style="list-style-type: none"> •HPP Chapter 2. Ethical and Legal Issues in Pediatric Psychology. Rae, Brunquell & Sullivan
<p>Tues, Aug 29th</p>	<p>Week 2 -Training and Competencies in Pediatric Psychology</p> <ul style="list-style-type: none"> •Palermo, T., Janicke, D, McQuaid, E., Mullins, L., Robins, P., & Wu, Y (2014). Recommendations for training in pediatric psychology: Defining core competencies across training levels. <i>Journal of Ped Psych</i>, 39, 965-984. •Cohen (2014). Commentary: Competencies in Pediatric Psychology: Polishing Pandora's Box <i>Journal of Pediatric Psych</i>, 39, 985-987. •Steele et al (2014). Commentary: Finding the Middle Bowl: Goldilocks' Lessons on Professional Competencies in Pediatric Psychology. <i>Journal of Pediatric Psych</i>, 39, 988-997. •Palermo, T., Mullins, L., Janicke, D., et al. (2014). Response to Cohen, and Steele, Borner, & Roberts on Task Force Report on Competencies in Pediatric Psychology. <i>Journal of Pediatric Psychology</i>, 39, 998-1000. <p>Integrated Care</p> <ul style="list-style-type: none"> •http://www.apa.org/pi/families/resources/primary-care/integrating-services.aspx •Kolko & Perrin (2014). The integration of Behavioral Health Interventions in Children's Health Care. <i>J Clin Child Adolesc Psychol</i>, 43(2),216–228. •Stancin, T. (2016). Commentary: Integrated Pediatric Primary Care: Moving From Why to How. <i>Journal of Pediatric Psychology</i>, 41, 1161-64. •Asarnow, J.R., et al (2015). Integrated Medical-Behavioral Care Compared With Usual Primary Care for Child and Adolescent Behavioral Health: A Meta-analysis. <i>JAMA Pediatrics</i>.
<p>Tues, Sept 5th</p>	<p>Week 3 - Models of Illness, Health Promotion & Behavior Change</p> <ul style="list-style-type: none"> •Models of Behavior Handout from Institute of Medicine. •Suls, J., & Rothman A (2004). Evaluation of the biopsychosocial model: Prospects and challenges for health psychology. <i>Health Psychology</i>, 23, 119-125. •HPP Chapter 40 - Dawn K. Wilson, et al. Health Promotion in Children and Adolescents: An Integration of the Biopsychosocial Model and Ecological Approaches to Behavior Change. •Modi et al (2012). Pediatric Self-management: A Framework for Research, Practice & Policy. <i>Pediatrics</i>, 129, e473-e485. <p>Research Design</p> <ul style="list-style-type: none"> •HPP Chapter 4. Research Design in Pediatric Psychology. Berlin, Karazsia, & Klages,

<p>Tues, Sept 12th</p>	<p>Week 4 - Coping & Adjustment / Risk and Resiliency</p> <ul style="list-style-type: none"> •Compas et al (2012). Coping with Chronic Illness in Childhood and Adolescence. <i>Annual Review of Clinical Psychology</i>, 8, 455-480. •Reiter-Purtill, Waller, & Noll (2009). Empirical and Theoretical Perspectives on the Peer Relationships of Children with Chronic Conditions. In Roberts & Steele, <i>Handbook of Pediatric Psychology</i>, 4th Ed, Chptr 45, pp. 672-688. •Hilliard, McQuaid, Nabors, & Hood. (2015). Resiliency in Youth and Families Living with Pediatric Health and Developmental Conditions: Introduction to the Special issues on Resilience. <i>Journal of Pediatric Psychology</i> 40 (9), 835-839. <p>Class Exercise - each of 4-5 students picks 1 of 4 to 6 articles I provide (each sign out for different article). Then in class give 5 minute presentation article: aims, results, and key points</p> <p>Evidenced Based Practice in Pediatric Psychology</p> <ul style="list-style-type: none"> •HPP Chapter 8. Evidence-Based Practice in Pediatric Psychology, Timothy D. Nelson & Maren Hankey •Kazak, et al. (2010). A meta-systems approach to evidence-based practice for children and adolescents. <i>American Psychologist</i>, 65, 85.
<p>Tues, Sept 19th</p>	<p>Week 5 - Adherence</p> <ul style="list-style-type: none"> •HPP Chapter 10. Adherence to Pediatric Treatment Regimens, Kevin A. Hommel, Rachelle R. Ramsey, Kristin Loiselle Rich, & Jamie L. Ryan •Wu, Y., et al (2013). Pediatric Psychologist use of adherence assessments and interventions. <i>Journal of Pediatric Psychology</i>, 38, 595-604. •Pai AL, McGrady M. (2014). Systematic review and meta-analysis of psychological interventions to promote treatment adherence in children, adolescents & young adults with chronic illness. <i>J Pediatr Psych</i>, 39, 918-931. •Schurman, J. V., Cushing, C. C., Carpenter, E., & Christenson, K. (2011). Volitional and accidental nonadherence to pediatric inflammatory bowel disease treatment plans: initial investigation of associations with quality of life and disease activity. <i>Journal of Pediatric psychology</i>, 36(1), 116-125. <p>Class Exercise - each of 4-5 students picks 1 of 4 to 6 articles I provided (each sign out for different article). Then in class give 5 minute presentation article: aims, results, and key points</p>
<p>Tues, Sept 26th</p>	<p>Week 6 - Affordable Care Act & the Future of Ped Psychology</p> <ul style="list-style-type: none"> •Rozensky, R.H., & Janicke, D.M. (2012). Health care reform and psychology's workforce: Preparing for the future of pediatric psychology. <i>Journal of Pediatric Psychology</i>, 37, 359-368. •Roberts, M. C., Canter, K. S., & Odar, C. C. (2012). Commentary: A call to action to secure the future of pediatric psychology—Resonating to the points of Rozensky & Janicke (2012). <i>Journal of Pediatric Psychology</i>, 37, 369–375. <p>Asarnow et al (2015). Psychological Science and Innovative Strategies for Informing Health Care Redesign: A Policy Brief. <i>Journal of Clinical Child and Adolescent Psychology</i>, 44, 923-32.</p>

	<p>Quality Improvement and Cost Effectiveness</p> <ul style="list-style-type: none"> •HPP Chapter 6. Quality Improvement and Cost-Effectiveness. McGrady, Loiselle Rich, & Crosby •McGrady, M.E. (2014). Commentary: demonstrating cost-effectiveness in pediatric psychology. <i>Journal of Pediatric Psychology</i>, 39, 602-611. •Muennig, P. (2008). Defining and explaining cost-effectiveness (Chapter 1) in <i>Cost-effectiveness analysis in health: A practical approach</i>. San Francisco, CA: Jossey-Bass.
Tues, Oct 3 rd	<p>Week 7 - Inpatient Consultation & Liaison</p> <ul style="list-style-type: none"> •HPP Chapter 9. Inpatient Pediatric Consultation–Liaison, Bryan D. Carter, William G. Kronenberger, Eric L. Scott, Kristin A. Kullgren, Carrie Piazza-Waggoner, & Christine E. Brady •Drotar D. (2000). Consultation and collaboration in pediatric inpatient settings. In D. Drotar (ed), <i>Consultation with Pediatricians: Psychological Perspectives</i>. pp 49-63. Plenum Press, New York. <p>Clinical Practice in Pediatric Psychology & Health Insurance</p> <ul style="list-style-type: none"> •HPP 4th Edition – Chapter 5: Tynan, Stehl, & Pendley (2009). Health Insurance and Pediatric Psychology (pp. 71-88). •Drotar (2012). Introduction to Special Section: Pediatric Psychologists' Experiences in Obtaining Reimbursement for the Use of Health and Behavior Codes. <i>Journal of Pediatric Psychology</i>, 37, 479-485. •Lines, M.A. et al. (2012). Commentary: The Use of Health and Behavior Codes in Pediatric Psychology: Where Are We Now? <i>JPP</i>, 37, 486-490.
Tues, Oct 10 th	<p>Week 8 - Pain Management (Acute & Chronic)</p> <p>HPP Chapter 11. Chronic and Recurrent Pain. Emily F. Law, Melanie Noel, Marni, Switkin Nagel, & Dahlquist.</p> <p>HPP Chapter 12. Management of Pediatric Pain and Distress Due to Medical Procedures. Lindsey L. Cohen, Ronald L. Blount, Jill Chorney, William Zempsky, Nikita Rodrigues, & Laura Cousins.</p> <p>Reed-Knight, et al (2017). Brain–Gut Interactions and Maintenance Factors in Pediatric Gastroenterological Disorders: Recommendations for Clinical Care. <i>Clinical Practice in Pediatric Psychology</i>, 5, 93-105.</p> <p>Borucki & Greco (2015). An update on complex regional pain syndromes in children and adolescents. <i>Curr Opin in Pediatr</i>, 27, 448-52</p> <p>Simons (2016). Fear of Pain in Children with Neuropathic and Complex Regional Pain Syndrome.</p> <p>Public Health</p> <p>Fuemmeler, B. F. (2004). Bridging disciplines: An introduction to the special issue on public health and pediatric psychology. <i>Journal of pediatric psychology</i>, 29(6), 405-414.</p> <p>Tercyak, K.P., et al. (2008). Prevention of tobacco use among medically at-risk children and adolescents: clinical and research opportunities in the interest of public health. <i>Journal of pediatric psychology</i>, 33(2), 119-132.</p>

<p>Tues, Oct 17th</p>	<p>Week 9 - Health Promotion & Prevention</p> <p>Cushing, et al. (2014). Systematic review and meta-analysis of health promotion interventions for children and adolescents using an ecological framework. <i>Journal of pediatric psychology</i>, 39(8), 949-962.</p> <p>HPP Chapter 39. Understanding & Preventing Pediatric Unintentional Injury. Morrongiello & Schwebel</p> <p>HPP Chapter 41. Prevention: A Multilevel, Biobehavioral, Lifespan Perspective, Maureen M. Black</p> <p>eHealth & mHealth Applications in Pediatric Psychology</p> <ul style="list-style-type: none"> •HPP Chapter 16: Cushing. eHealth Applications in Pediatric Psychology, pp. 201-211. •Wu, et al (2014). Commentary: Pediatric eHealth Interventions: Common Challenges During Development, Implementation, and Dissemination. <i>J of Pediatric Psychology</i>, 39, 612-623 •Fedele, Cushing, Friz, Amaro, & Ortega (2017). Mobile Health Interventions for Improving Health Outcomes in Youth: A Meta-analysis. <i>JAMA Pediatrics</i>, 171, 461-469 <p>Class Exercise - each of 4-5 students picks 1 of 4 to 6 articles I provided (each sign out for different article). Then in class give 5 minute presentation article: aims, results, and key points</p>
<p>Tues, Oct 24th</p>	<p>Week 10 - Transition from Child to Adult Care in Chronic Illness Populations</p> <ul style="list-style-type: none"> •HPP Chapter 47. Transition in Pediatric Psychology: Adolescents and Young Adults, Katie A. Devine, Maureen Monaghan, & Lisa A. Schwartz. •Pai, A.H., & Schwartz, L. (2011). Introduction to the Special Section: Health Care Transitions of Adolescents and Young Adults with Pediatric Chronic Conditions. <i>Journal of Pediatric Psychology</i>, 36,129-133. •Pierce, & Wysocki (2015). Topical Review: Advancing Research on the Transition to Adult Care for Type 1 Diabetes. <i>J Pediatr Psychol</i>, 40, 1041-1047. <p>Student Presentations</p>
<p>Tues, Oct 31st</p>	<p>Week 11 - Behavioral Pediatrics (Feeding Aversion & Encopresis/Enuresis)</p> <ul style="list-style-type: none"> •HPP Chapter 3. Feeding & Vomiting Problems in Pediatric Populations. Alan Silverman & Sally Tarbell •HPP Chapter 34. Elimination Disorders: Enuresis and Encopresis, Jaclyn. Shepard & Daniel Cox <p>Student Presentations</p>
<p>Tues, Nov 7th</p>	<p>Week 12 - End-of-Life Issues (Death, Palliative Care, and Bereavement)</p> <ul style="list-style-type: none"> •HPP Chapter 15. Palliative Care, End of Life, and Bereavement, Cynthia A. Gerhardt, Amy E. Baughcum, Christine Fortney, & Wendy G. Lichtenthal •Mauk, G. W., & Sharpnak, J. D. (1997). Grief. In G. G. Bear, K. M. Minke, & A. Thomas (Eds.), <i>Children's needs II: Development, problems, and alternatives</i> (pp. 375-385). Bethesda, MD: National Association of School Psychologists. •Adams & Deveau. If your child is dying. <i>Coping with Childhood Cancer</i>. 155-198 <p>Student Presentations</p>

Tues, Nov 14 ^h	<p>Week 13 - Systems Theory</p> <ul style="list-style-type: none"> •HPP Chapter 43: Kazak, Alderfer, & Reader. Families and Other System in Pediatric Psychology (pp. 566-579). •Seid, Opiari-Arrigan & Sobo (2009). Families' Interactions with the Health Care System: Implications for Pediatric Practice. In Roberts & Steele, <i>Handbook of Pediatric Psychology</i>, 4th Edition, Chapter 47, pp. 703-720. •Vermaes, Susante, & van Bakel (2012). Psychological Functioning of Siblings in Families of Children with Chronic Health Conditions: A Meta-Analysis. <i>Journal of Pediatric Psychology</i>, 37, 166-84. <p>Student Presentations</p>
Tues, Nov 21 st	<p>Week 14 – Asthma (Fedele Guest Lecture/Discussant)</p> <p>HPP Chapter 18. McQuaid & Fedele. Pages 227-241.</p> <p>Student Presentations</p>
Tues, Nov 28 th	<p>Economic, Racial & Ethnic Health Disparities</p> <p>HPP Chapter 7. Culture and Diversity in Research and Practice, Daniel L. Clay</p> <p>HPP Chapter 38. Racial and Ethnic Health Disparities, Celia M. Lescano & Guitele J. Rahill</p> <p>Student Presentations</p>
Tues, Dec 5 th	<p>Genetics, Genetics Testing, and Epigenetics</p> <p>HPP Chapter 17. Genetics and Genetic Testing, Yelena P. Wu & Kenneth P. Tercyak</p> <ul style="list-style-type: none"> •Nugent, Goldberg, & Uddin. (2016). Topical Review: The Emerging Field of Epigenetics: Informing Models of Pediatric Trauma and Physical Health. <i>Journal of Pediatric Psychology</i>, 41, 55-64. <p>Student Presentations</p>

Course Materials and Technology

Class readings will be available in PDF form on the student share drive. However, many of the readings will be taken from the following book. Thus, it is recommended that students who plan to build a career in pediatric psychology consider purchasing this text from on-line bookstores (e.g., Amazon.com).

1. Roberts, M.C. & Steele, R.G. (2017). *Handbook of Pediatric Psychology (5th Edition)*. New York: The Guilford Press.

*All readings for the course are saved in pdf format on the student share drive:

“S:\ICP-Student\2017 – Ped Psych Class”

*Readings highlighted in gray in the syllabus are optional for the specific class period, but will also be included in the readings folders.

ACADEMIC REQUIREMENTS AND GRADING

Your grade will be based on submission of weekly discussion questions, overall class participation, and a class presentation that includes a toolkit. Details for each course requirement are provided below.

Assignment	Points
Class Participation	32
Discussion Question for Each Class	28
Presentation and Toolkit	40
TOTAL POINTS	100

Point system used.

Points earned	93-100	90-92	87-89	83-86	80-82	77-79	73-76	70-72	67-69	63-66	60-62	Below 60
Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E

Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	WF	I	NG	S-U
Grade Points	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at:

<http://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx>

WEEKLY CONTENT QUESTIONS:

Prior to each class, students are expected to submit one thought-provoking content question based on the assigned readings to promote class discussion. Please submit your questions to Dr. Janicke by **6am the morning of class**. Content questions should be sent via e-mail (djanicke@php.ufl.edu). Each question is worth 2 point. Points for each content question are assigned using the following scale:

- 2 Good, though provoking question; clear that material was read adequately
- 1 Superficial question; unclear whether material was read thoroughly
- 0 No questions submitted, irrelevant content, or clear lack of effort

There will be 15 classes (not counting week 1) to submit questions; this includes submitting a question on presentation days. You will also be assigned one article to read for each presentation. I will drop your lowest score; alternatively, you can choose not to submit a question for one class period. Thus, 14 scores count toward your final course grade. This is worth up to 28 points of your total grade.

I encourage you to complete readings and submit a question each week, even if you have to miss a class (e.g., ill or out of town).

WEEKLY PARTICIPATION IN CLASS DISCUSSIONS

In order to maximize your learning in this course, it will be essential that you not only read the assigned material, but also understand and apply it. Thus you will be graded on your participation in class discussions throughout the semester. This is worth up to 32 points toward your overall course grade.

In addition, as part of your class participation grade, you will be required to sign up for one article review during the course of the semester. The three class periods for these are Sept 12, Sept 19, and Oct 17th. Towards the bottom of the syllabus I have listed 4-5 articles for each class. You will need to sign up to review

one of these articles for one of these classes. Then during class, I want you to give a 5-7 minute review on what you see as the key points of the article. These articles are NOT part of the regular reading list, so your class mates will not be reading these articles.

PRESENTATION AND TOOLKIT

A large portion of your grade will be based on a presentation you will give in class focusing on an illness condition or other relevant topic in pediatric psychology. This will be considered your “final exam.” You will choose a topic/illness condition from a list of possibilities I have provided below. If you have an alternative idea outside the list provided, you can discuss with me. **Do NOT select a disorder in your area of research or clinical [sub] specialty.** I want you to choose a topic that is of interest to you and something that will extend your knowledge in an area, rather than choosing a topic that is based on the ease with which you can complete it. Your topic choices should be submitted to me no later than during class on **Tuesday, Sept 12th**. The sooner you let me know, the better as it is “first come, first serve”, if you will.

Possible Topics Include:

Burns, Cancer, Cystic Fibrosis, Disorders/Differences of Sexual Development, Elimination Disorders (enuresis and encopresis), Epilepsy and Seizures Disorders, Food Allergies, Inflammatory Bowel Disease, Juvenile Arthritis, Medical Traumatic Stress, Obesity, Organ transplantation, Type 1 diabetes, Type 2 Diabetes, Sickle Cell, Sleep Issues, Spina Bifida,

Presentation: Your power point presentation should last between 30 and 35 minutes. You should then be prepared for questions, so overall each presentation with questions will last about 45 minutes. There will be no more than two per class.

Some points to help organize your presentation:

[1] Include the information necessary to describe the disease or problem and needed for us to understand the disorder; include prevalence, mortality and morbidity information. This includes references to the medical definitions of the problem and how it is [medically] diagnosed (main pathology, risk factors, symptoms, course) and how the patient might present to the health psychologist upon referral. What medications, surgical, or rehabilitation approaches are used to treat this problem; what are the “side effects,” and what does the health psychologist need to be aware of.

[2] You should also discuss the important psychosocial concerns, and the most frequent issues of involvement for pediatric psychologist working with youth with this condition. Include the assessment[s] of the psychosocial issues related to it and the psychological treatments used with patients with that diagnosis or problem. Where evidence-based approaches exist in the psychological literature for both assessment and treatment, please highlight those and/or detail what is missing in the literature or where improvements could occur both in the research and clinical areas.

[3] Include in your presentation information about services for patients with your chosen disease\disorder *within our own UF Health Science Center* [if such services exist or why they do not]. This should include *finding* the relevant department, service, or clinic here at Shands & the HSC and *determining*, if any, health psychological services are available for their patients. Discuss how pediatric psychologists are involved with this clinics/serve patients. If not available here, how could they be involved.

In addition, you will present a toolkit for the illness that you will develop and distribute to your classmates.

Disease Topic Toolkits: A part of your presentation you will develop and present a “clinical toolkit” of materials (handouts, websites, CD, etc) that can be used for assessment and treatment related to your specific illness as well as other critical issues related to the illness. As noted previously, each topic pertains to a specific illness and a common psychosocial issue/problem related to that illness. Many of the possible

assessment and treatment strategies, as well as critical “psychosocial issues/problems” may cut across illnesses. Therefore, feel free to pull in relevant information as it relates to other illness groups.

You will distribute via placing it in our class share drive folder (remind me to discuss access for students now within my department). In general, the clinical toolkit should be “user friendly” in that your classmates will be able to utilize and apply the information to cases (perhaps with the same health concern or others) seen in their clinical work in the years ahead. Be creative and comprehensive, thinking of what kind of resources you would appreciate having at your disposal should you see a similar case (e.g., bibliotherapy suggestions for families, web site information, copies of non-copyrighted assessment measures, descriptive list of copyrighted and non-copyrighted rating scales, sample monitoring forms, audiotapes or scripts of treatment procedures, strategies for maximizing the effect of a treatment approach, worksheets, etc). It also must include an annotated bibliography for key references useful to a clinician.

**We can discuss as a class how to best distribute your toolkit materials to your classmates.

Style and clarity of presentation	10 points
Content of presentation	15 points
Toolkit	10 points
Ability to answer questions	5 points
Total	40 Points

ARTICLE LISTS for STUDENT REVIEWS

Resiliency Articles:

Koinis-Mitchell, D., McQuaid, EL., et al (2012). Identifying individual, cultural and asthma-related risk and protective factors associated with resilient asthma outcomes in urban children and families. *Journal of Pediatric Psychology*, 37, 424-437.

Landolt, M., Buehlmann, et al (2009). Quality of life is impaired in pediatric burn survivors with posttraumatic stress disorder. *Journal of Pediatric Psychology*, 34, 14-21.

Mullins, LL., Molzon, ES., et al (2015). Models of resiliency: Developing psychosocial interventions for parents of children with chronic health conditions. *Family Relations*, 64, 176-189.

Phipps, S. (2007). Adaptive style in children with cancer: implications for a positive psychology health condition. *Journal of Pediatric Psychology*, 32, 1055-1066.

Phipps, S., Long, A., et al (2015). Parents of children with cancer: at-risk or resilient? *Journal of Pediatric Psychology*, 40, 914-925.

Adherence Articles:

Butcher, JL, & Nasr, SZ. (2015). Direct Observation of Respiratory Treatments in Cystic Fibrosis: Parent–Child Interactions Relate to Medical Regimen Adherence, *Journal of Pediatric Psychology*, 40, 8-17.

Berg, CA, Wiebe, DJ, et al (2014). Individual Differences and Day-to-Day Fluctuations in Perceived Self-Regulation Associated With Daily Adherence in Late Adolescents With Type 1 Diabetes. *Journal of Pediatric Psychology*, 39, 1038-1048.

Duncan, CL., Hogan, MB, et al. (2013). Efficacy of a Parent–Youth Teamwork Intervention to Promote Adherence in Pediatric Asthma. *Journal of Pediatric Psychology*, 38, 617-628.

Modi, AC, Guilfoyle, SM, & Rausch, J. (2013). Preliminary Feasibility, Acceptability, and Efficacy of an Innovative Adherence Intervention for Children With Newly Diagnosed Epilepsy. *Journal of Pediatric Psychology*, 38, 605-616..

Ramsey, RR., Zhang, N, et al (2017). The Stability and Influence of Barriers to Medication Adherence on Seizure Outcomes and Adherence in Children With Epilepsy Over 2 Years. *Journal of Pediatric Psychology, Advanced Access*.

Rohan, JM, et al (2017). Measuring Medication Adherence in Pediatric Cancer: An Approach to Validation. *Journal of Pediatric Psychology*, 42, 232-244.

eHealth/mHealth Articles:

Cushing, CC, Mitchell, TB, et al (2017). Bidirectional Associations Between Psychological States and Physical Activity in Adolescents: A mHealth Pilot Study. *Journal of Pediatric Psychology*, 42, 559-568.

Fedele, D, McConville, A, Thomas, G, McQuaid, B, Janicke, DM, Turner, EM, Moon, J, & Abu-Hasan, M. Applying Interactive Mobile health to Asthma Care in Teens (AIM2ACT): Development and design of a randomized controlled trial. Submitted to the *Contemporary Clinical Trials*.

Hommel, KA, Hente, E, et al (2013). Telehealth behavioral treatment for medication nonadherence: a pilot feasibility study. *Eur J Gastroenterol Hepatol*, 25 (4), 469-473.

Ritterband, L. M., et al (2003). An internet intervention as adjunctive therapy for pediatric encopresis. *Journal of Consulting and Clinical Psychology*, 71(5), 910-917.

Stockwell MS, Kharbanda EO, Martinez RA, Vargas CY, Vawdrey DK, Camargo S. Effect of a text messaging intervention on influenza vaccination in an urban, low-income pediatric and adolescent population: a randomized controlled trial. *JAMA*. 2012;307(16):1702-1708.

Policy Related to Required Class Attendance

Attendance is expected as a part of the student's professional training. Students are expected to arrive for class on time and to remain for the full class period. Students needing to miss class or arrive late/leave early should make prior arrangements with the instructor via e-mail. Please note all faculty are bound by the UF policy for excused absences. For information regarding the UF Attendance Policy see the Registrar website for additional details:

<https://catalog.ufl.edu/ugrad/current/regulations/info/attendance.aspx>

STUDENT EXPECTATIONS, ROLES, AND OPPORTUNITIES FOR INPUT**Expectations Regarding Course Behavior**

Please refrain from using I-pods, cell phones or any other electronic devices during class as it is distracting and inconsiderate of other students and the instructor. Please leave cell phones in carrying case or outside of class; we do not want students utilizing cell phones during class unless there is an urgent issue. Laptop use is acceptable for note taking or presenting; please do not use laptop to search the internet or respond to e-mails during class. No recording of the class will be allowed due to the confidential nature of information to be discussed in the course. It is expected that you will actively participate in discussion during class. Active class participation will enhance learning during the course and aid in meeting the course objective regarding learning how to provide constructive feedback to other students regarding their therapy cases.

Please do not arrive late to class or disrupt the class as it is distracting and inconsiderate of other students and the instructor.

To the extent permitted by facility rules and restrictions, you may bring food and/or beverages to class as long as it does not interfere with your ability to work and/or participate in class and as long as it does not interfere with or your classmates' ability to work and participate in class. You will be expected to clean-up after yourself and dispose of all trash before leaving the classroom.

Inclusive Learning Environment

Public health and health professions are based on the belief in human dignity and on respect for the individual. As we share our personal beliefs inside or outside of the classroom, it is always with the understanding that we value and respect diversity of background, experience, and opinion, where every individual feels valued. We believe in, and promote, openness and tolerance of differences in ethnicity and culture, and we respect differing personal, spiritual, religious and political values. We further believe that celebrating such diversity enriches the quality of the educational experiences we provide our students and enhances our own personal and professional relationships. We embrace The University of Florida's Non-Discrimination Policy, which reads, "The University shall actively promote equal opportunity policies and practices conforming to laws against discrimination. The University is committed to non-discrimination with respect to race, creed, color, religion, age, disability, sex, sexual orientation, gender identity and expression, marital status, national origin, political opinions or affiliations, genetic information and veteran status as

protected under the Vietnam Era Veterans' Readjustment Assistance Act." If you have questions or concerns about your rights and responsibilities for inclusive learning environment, please see your instructor or refer to the Office of Multicultural & Diversity Affairs website: www.multicultural.ufl.edu

Communication Guidelines

It is expected that e-mail communications and behavior with course faculty and other students enrolled in the course will be professional and respectful. Per the Clinical and Health Psychology graduate student handbook, it is never appropriate to post information about patients or therapy sessions on the internet in any fashion, even if identifying information is not included. Likewise, it is not appropriate to post information from class discussion regarding patients or students in the course on the internet in any fashion. It is also not appropriate to make negative statements regarding a student's clinical skills to other students in the course or in the graduate program. Concerns about another student's clinical skills should be directed to one of the course faculty.

Academic Integrity

Students are expected to act in accordance with the University of Florida policy on academic integrity. As a student at the University of Florida, you have committed yourself to uphold the Honor Code, which includes the following pledge:

"We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity."

You are expected to exhibit behavior consistent with this commitment to the UF academic community, and on all work submitted for credit at the University of Florida, the following pledge is either required or implied:

"On my honor, I have neither given nor received unauthorized aid in doing this assignment."

It is your individual responsibility to know and comply with all university policies and procedures regarding academic integrity and the Student Honor Code. Violations of the Honor Code at the University of Florida will not be tolerated. Violations will be reported to the Dean of Students Office for consideration of disciplinary action. For additional information regarding Academic Integrity, please see Student Conduct and Honor Code or the Graduate Student Website for additional details:

<https://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/>
<http://gradschool.ufl.edu/students/introduction.html>

Please remember cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

Online Faculty Course Evaluation Process

Course evaluations will help to inform improvements and future modifications to the course, and are also used as part of faculty tenure and promotion packets (as such, they may have a direct influence on faculty tenure and promotion). Students are expected to provide feedback on the quality of instruction in this course by completing online evaluations at <https://evaluations.ufl.edu>. Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at <https://evaluations.ufl.edu/results/>.

SUPPORT SERVICES

Accommodations for Students with Disabilities

If you require classroom accommodation because of a disability, you must register with the Dean of Students Office <http://www.dso.ufl.edu> within the first week of class. The Dean of Students Office will provide documentation of accommodations to you, which you must then give to me as the instructor of the course to receive accommodations. Please make sure you provide this letter to me by the end of the second week of the course. The College is committed to providing reasonable accommodations to assist students in their coursework.

Counseling and Student Health

Students sometimes experience stress from academic expectations and/or personal and interpersonal issues that may interfere with their academic performance. If you find yourself facing issues that have the potential to or are already negatively affecting your coursework, you are encouraged to talk with an instructor and/or seek help through University resources available to you.

- The Counseling and Wellness Center 352-392-1575 offers a variety of support services such as psychological assessment and intervention and assistance for math and test anxiety. Visit their web site for more information: <http://www.counseling.ufl.edu>. On line and in person assistance is available.
- You Matter We Care website: <http://www.umatter.ufl.edu/>. If you are feeling overwhelmed or stressed, you can reach out for help through the You Matter We Care website, which is staffed by Dean of Students and Counseling Center personnel.
- The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: <https://shcc.ufl.edu/>
- Crisis intervention is always available 24/7 from:
Alachua County Crisis Center: (352) 264-6789
<http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.aspx>

Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.